

LOUISIANA
 DEPARTMENT of REVENUE

**Authorization Agreement for
 ACH Debit and Credit Tax Payments**
☐ **New Application** (effective date):

☐ **Change Document** (effective date):

PLEASE PRINT OR TYPE.

Taxpayer Name			Revenue Account Number		
Tax Type – Enter the tax type name. A separate authorization is required for each tax.			Federal Identification Number (if applicable)		
Contact Person	Telephone	Contact Person	Telephone		
Mailing address for EFT purposes (street address, box number)					
City				State	ZIP

Electronic Payment Methods
☐ **ACH Debit**

I hereby authorize the Louisiana Department of Revenue to present debit entries into the bank account and the depository named below. The individual debit transactions will be presented only after being authorized and initiated by the taxpayer. These debits will pertain only to electronic funds transfer payments that the taxpayer has initiated for payment of Louisiana taxes.

Signature X		Title		Date (mm/dd/yyyy)	
Bank Name		Branch			
Bank Contact Person				Telephone	
Bank Account Number			Type of Account <input type="radio"/> Checking <input type="radio"/> Savings		
Transit and Routing Number					Name on Bank Account

☐ **ACH Credit**

Before choosing the ACH Credit option, check with your financial institution to ensure that they can comply with the ACH Credit addenda record requirements. See *instructions for more information*.

Mail Application to:

Louisiana Department of Revenue
 Central Registration/RPC
 P.O.Box 3863
 Baton Rouge, LA 70821-3863
 Fax #: (225) 219-0806

For office use only.

Effective tax period	Initials
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